

RI Department of Health

Application and Instructions for:



Food Safety Manager Instructor

Applicant Name (Name of Business)

Previous Business Name & License Number (If Any)

OFFICE USE ONLY

	Initials	Date
Approved by F.O. Supervisor		
Profile Entered By		
License ID#		
Receipt No.		
License No.		

INSTRUCTIONS

- Registration shall be based upon **Satisfactory Compliance** with all applicable laws and regulations.
- Registration forms must be either typed or legibly printed using a ball point pen, except signatures, which must be written in ink. Please answer all questions. Do not leave blanks. Incomplete applications will be returned to you and your license/permit will not be issued.
- If you have any questions concerning this application, call the Department of Health, Office of Food Protection at (401) 222-2749.
- Licensure application materials are public records as mandated by Rhode Island law and may be made available to the public, unless otherwise prohibited by State or Federal law.



State of Rhode Island and Providence Plantations
Department of Health
Office of Food Protection

Name:

This is the name that will be printed on your License and reported to those that inquire about your License.

Do not use nicknames, etc.

Name: _____

Social Security Number:

_____ - _____ - _____

Gender:

☐

M

☐

F

Date and Place of Birth:

Date _____ / _____ / _____ Place _____
City State

Residence Information:

It is your responsibility to keep the Department apprised of all address and phone number changes.

(Not published on the HEALTH web site).

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City, State, ZipCode _____

Country (only if not in US) _____

Phone: _____

Fax: _____

Email Address: _____

Business/Employment Information:

Please provide the employment information related to this license. Include Name of Business/Employer (ie. Memorial Hospital)

(Published on the HEALTH web site).

Present Occupation _____

Address Line 1 _____

Address Line 2 _____

Address Line 3 _____

City, State, ZipCode _____

Country (only if not in US) _____

Phone: _____

Fax: _____

Email Address: _____

Preferred Mailing Address:

Please check ONE

(Published)

☐

Residence Address

☐

Business/Employment Address

Experience:	Briefly describe your food service experience (Include lengths of time) _____ _____ _____
Institution/Agency Sponsoring your course:	Name: _____ Address Line 1 _____ Address Line 2 _____ Address Line 3 _____ City, State, Zip Code _____ Country (only if not in US) _____ Phone: _____ Fax: _____ Email Address: _____ Contact Person: _____
Education Information:	Please list the highest degree earned _____ (Include a certified copy of transcript(s), please highlight courses pertinent to this application) <hr/> Did you complete a fifteen (15) hour Division approved Food Safety Training Course? <input type="checkbox"/> Yes <input type="checkbox"/> No (Enclose a copy of course completion certificate or enclose equivalent educational credentials) <hr/> Did you pass the Food Protection Certification Monitored Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Please List Name of Testing Company _____ Date of Examination _____ Score Received _____ (Please have the testing company send your test score directly to the Division of Food Protection)
Disciplinary Actions	
Check either "Yes" or "No" for each question. NOTE: If you answer "YES" to any question, you are required to furnish completed details, including date, place, reason and disposition of the matter.	
Disciplinary Question A	Have you ever been convicted of a violation of, or pled Nolo Contendere to any Federal, State or local statute, regulation or ordinance, or entered into a plea bargain related to a felony, (including convictions for driving under the influence), or related to the manufacture, distribution, possession, prescribing, administering or dispensing of drugs presently defined as controlled substances under (Chapter 21-28) of the General Laws of Rhode Island? <input type="checkbox"/> Yes <input type="checkbox"/> No
Disciplinary Question B	Have you ever had a membership in a professional society revoked, suspended, or limited in any manner or have you voluntarily withdrawn while under investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No

Affidavit of Applicant

Read, sign and date this
Affidavit.

AFFIDAVIT AND SIGNATURE

This Application Must be Signed

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my License in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Department of Health of any change in the answers to these questions after this application and this Affidavit is signed.

Signature of Applicant

**Date of Signature
(MM/DD/YY)**